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CAMPAIGN FINANCE REPOR	₹Т			
STATE OF WISCONSIN				,
Is this report an Amendment?				
COMMITTEE IDENTIFICATION			_	
	Friends of Mi	4 11 -		
Address 868 U. Chahn St.	Friday Om Mi	KI HEVE	OFFICE USE ON	
City, State, ZIP MANITOWIC WI 54220			GAB # ID (1) 05 309	
			Jan Ulan	
NAME OF REPORT Jan 20_ Continuing Pre-Primary 2	2012	Sprin	ig (Éalí)	Special
July 20_ Continuing Pre-election 2	20	Sprin	ig Fall	Special
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A	T Columbia	1	
1. RECEIPTS	This Period	Column B YTD	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals ALC	\$ 38/12	110	Office Use Offiny	
B. Contributions from Committees (Transfers-In)	\$ -			
C. Other Income and Commercial Loans	\$ -		 	
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ -	\$ -		
1. DISBURSEMENTS	1 7			
A. Gross Expenditures	\$ 38/ 12			
B. Contributions to Committees (Transfers-Out)	\$ -			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ -	\$ -		
CASH SUMMARY				
Cash Balance at Beginning of Report	\$ -			
Total Receipts	\$ 381 53] .		1
Subtotal	\$ -	1		
Total Disbursements	\$ -	7		
CASH BALANCE AT END OF REPORT	\$ 0 -			
INCURRED OBLIGATIONS (at close of period)	\$ -			
LOANS (at close of period)	\$ -]		
I certify that I have examined this report and to the best of my knowl	ledge and belief it is tr	rue, correct and comp	lete.	
Type or Print Name of Candidate or Treasurer	Signature of Candidate of		Date 7-2	20 17
MIKE HOUSE	MILL		Daytime Phone	_C: -/ C

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats. Failure to provide this information may subject you to the penalties of ss.11.60, 11.62, Wisconsin Stats

GAB-2S (3/10)

1 A Contribution ZA Expenses

CAMPAIGN FINANCE REPO STATE OF WISCONSIN							
is this report an Amendment?							
COMMITTEE IDENTIFICATION							
Name of Committee					_		
Address 828 Use bahn St.		···					
City, State, ZIP MANITOWSC WI 54220						ICE USE C	ONLY
	—				GAE	3 # ID	
NAME OF REPORT Jan 20 Continuing Pre-Primary	v 20 /	17.		Si			
July 20_ Continuing Pre-election				Spri		Eall	Speci
				Spri	ng	Fall	Speci
SUMMARY OF RECEIPTS AND DISBURSEMENTS	T	Colum	n A	Column B	Andi	ted Totals	
1. RECEIPTS	7	This Per		YTD	1		
A. Contributions including Loans from Individuals MAG	\$		-00		Onic	e Use Onl	у
B. Contributions from Committees (Transfers-In)	\$		<u> </u>		-		
C. Other Income and Commercial Loans	\$					 	
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$			\$ _		 	
1. DISBURSEMENTS				1 -			
A. Gross Expenditures	\$	388	-00	T			
B. Contributions to Committees (Transfers-Out)	\$		-		+		
OTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$			\$ -			
CASH SUMMARY				-	Ь		29903
Cash Balance at Beginning of Report	\$		_		T		
Total Receipts	\$	388	-¢0				
Subtotal	\$		-				
otal Disbursements	\$						
ASH BALANCE AT END OF REPORT	\$	0	_				
NCURRED OBLIGATIONS (at close of period)	\$						
OANS (at close of period)	s		$\exists \exists$				
certify that I have examined this report and to the best of my knowl.	1.7	م دو د .					
pe or Print Name of Candidate or Treasurer	leinns	and belief in	it is true	e, correct and comple	te.		
MIKE HOWE	Oly, IL	A, M	Carre or r	reasurer		Date 7-2	20-12
Mike nowe	l,	MUL-				ne Phone	
				and the second	92	0-242-51	111

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.

Failure to provide this information may subject you to the penalties of ss.11.60, 11.62, Wisconsin Stats.

GAB-2S (3/10)

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

ions fo	or completing schedules are on the back of each sche Full Name, Mailing Address and Zip Code	Have Trans				* *
е	Full Name, Mailing Address and Zip Code	edule.				
	Of Contributor	Occupation, Name and Address of Princip Place of Employment (if year-to-date total exceeds \$100)	al	Arnou Contrib	int of	Y-T-D
	MIKE HOWE 828 Vielsohn St. MANITONIC WI 54220	Buildes				Total
-/2	828 Vielen 54	MIKE HOLE BUILDING		38/	93	3813
1	MANITONOL WI 54220	828 Vichian St.	nz	1 3 - 7		337
	·	Manitosoc WI 54226			Ü.	
				 		
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		IZED CONTRIBUTIONS THIS PAGE	5	381	93	
		TOTAL ITEMIZED CONTRIBUTIONS	s			
	TOTAL UNITEMIZE	ED CONTRIBUTIONS \$20 OR LESS	\$		1	

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page / of /

	or completing schedules are on the back of each sch	Hore Trusters		
Date Date	or completing schedules are on the back of each sch Full Name, Mailing Address and Zip Code	edule.	55 2 To delimina (CC) 3 (C) (C)	
	Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds \$100)	Amou Contrib	
	MIKE HOWE	Bullers -		
7 20 17	MIKE HOWE 828 Vielichn St. MANITONIC WI 54220	MIKE HOWE Builders inc	38/	3813
1-20-16	MANITONOL WI 54220	828 Vichin St.		
	Check if: In-Kind Loan Conduit Conduit GABID#	1 44		
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	SUBTOTAL	TEMIZED CONTRIBUTIONS THIS PAGE	s 38/	93
	TOTAL ITEMIZED CONTRIBUTIONS		s	
	TOTAL UNITE	EMIZED CONTRIBUTIONS \$20 OR LESS	s	
	TOTAL CONTRIBL	JTIONS RECEIVED FROM INDIVIDUALS	s 381	97

DISBURSEMENTS Gross Expenditures

Page ____ of ____

Complete Committee Name

Friends of M. NE HOWE, MIKE HowE Trussess

Date	or completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Cf. Bernott Code Specific					
	Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount			
7-18-12	Office MAT HIZI Colomot Ave MAINTENDE WE 54226 Checkit I In-Kind Offset	Literchus	170 29			
(22-/2	office MAY 4121 Colomet AUG Mantower W1 Septe Checkit: [] In-Kind Offset	Lituriani	175 89			
5-24-12	Amy's Apparel 3420 Dewry 5t. MANITERINA WI 54220 Check IF: I In-Kind Offset	shi.+	2625			
5-31-12	Capital Parkins	Parking Rump Candida Training	950			
	Check if: In-Kind Offset	Candidate Training	E 2020			
	Check if: In-Kind Offset Check if: In-Kind Offset					
	Check if: In-Kind Offset					
c	Check if: in-Kind Offset					
	SUBT	OTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 38/53			
		TOTAL ITEMIZED EXPENDITURES	\$			
	TOTAL	UNITEMIZED EXPENDITURES \$20 OR LESS	\$			
			s 38/23			